

AUG 02 2007

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FROM: THOMAS E. CIOTTI

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Comments:

Atty Docket No: 55941-20002.00
Application Serial No.: 10/665,111
Filed: September 16, 2003
Inventors: Dolores SCHENDEL *et al.*
Art Unit: 1643
Examiner: K. Canella
Title: SEMI-ALLOGENIC ANTI-TUMOUR VACCINE WITH HLA HAPLO-IDENTICAL ANTIGEN-PRESENTING CELLS

Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

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PTO/SB/21 (04-07)

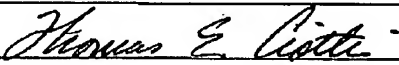
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/665,111	
	Filing Date	September 16, 2003	
	First Named Inventor	Dolores SCHENDEL	
	Art Unit	1643	
	Examiner Name	K. Canella	
Total Number of Pages In This Submission	2	Attorney Docket Number	559412000200

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Thomas E. Ciotti		
Date	August 1, 2007	Reg. No.	21,013

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/665,111
	Filing Date	September 16, 2003
	First Named Inventor	Dolores SCHENDEL
	Art Unit	1643
	Examiner Name	K. Canella
	Attorney Docket Number	559412000200

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Telephone	(919) 493-8000	Email	ataylor@jenkinswilson.com
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Name	Thomas E. Ciotti	Registration No.	21,013
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